

ECS Configuration Change Request

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CCR No. 97-0646	Logged Date 4/23/97	Rev. -	Request Type CCR
Priority Routine <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Emergency <input type="checkbox"/>	Affected Release B		Change Class I I
Title (description) FOS ANA and DMS Level 4 Requirements Text Need Modification			
Documents Affected		Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference AC-97-0048 NCR ECSed04449, NCR ECSed04747	
RTM Change <input checked="" type="checkbox"/> Start New Baseline <input type="checkbox"/>			
Problem FOS ANA Level 4 requirements need text modifications.			
Proposed Solution Modify FOS Level 4 requirements text: F-ANA-04370, F-ANA-03200, F-ANA-03210, F-ANA-04090 and F-DMS-00770. See Attachment 1.			
Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ECS Chief Eng <input type="checkbox"/> FOS <input checked="" type="checkbox"/> M&O <input checked="" type="checkbox"/> Procurement <input type="checkbox"/> QO <input checked="" type="checkbox"/> Rel. Dev <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. C <input type="checkbox"/> SCDO Arch. <input type="checkbox"/> Science Off <input type="checkbox"/> Security <input type="checkbox"/> Subcontract <input type="checkbox"/> Sys. Eng <input checked="" type="checkbox"/> Sys Verf Acpt <input checked="" type="checkbox"/>			
Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000)			
Schedule: None <input checked="" type="checkbox"/> Other _____ Additional LOC <u>n o n e</u> Man-Months _____ Materials _____			
Originator <u>Carol Chachulski</u> (signed) <u>Carol Chachulski</u> <u>4/22/97</u> Signature _____ Date _____			
Office <u>FOS</u> Office Manager (signed) <u>Debbie Dunn</u> <u>4/23/97</u> Signature _____ Date _____			
Disposition Approved <input checked="" type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> Comments: CCB Chairperson (signed) <u>Paul Fingerman</u> <u>4/29/97</u> Signature _____ Date _____			